Introduction to Sensitive Topics and Interviewing for Alcohol Use
Practice of Medicine – 1
January 7, 2003

Objectives

At the end of this lecture, you should:

♦ Be able to explain to your grandmother or your little brother why a doctor would want to ask people “such personal questions.”

♦ Be a little more aware of your own attitudes towards “sensitive topics.”

♦ Describe a general approach to asking patients about sensitive topics.

♦ Be able to define different types of problem drinking other than alcoholism.

♦ Know the questions you would ask to assess someone’s current level of alcohol use.

What are “Sensitive Topics?”

As you might imagine, these are topics that physicians and/or patients can find difficult to address for a number of cultural or personal reasons. The list of these topics includes the use of alcohol, drugs and other substances; sexual orientation and practices; domestic violence; death and dying; spirituality and religious beliefs and practices; family interactions; racial and ethnic experiences; financial situation; bowel and bladder function; physical deformities; mental illness. There may be a great deal of variation across individuals and across cultures as to what topics are “sensitive.” An individual may have a strong emotional response to a barrier because of personal belief or experience. For example, a young homophobic salesman might be offended if asked whether or not he has sex with men. A middle aged woman who feels comfortable discussing her sexuality might react strongly to questions about alcohol use if such questions raise painful memories of an alcoholic parent. Additionally, some topics that at first don’t seem threatening, may become so when you must ask about them in detail.

Why should we address sensitive topics?

These topics are important because:

♦ Behaviors associated with them increase risk for important illnesses – at least 50% of health problems are caused by preventable behavioral risk factors

♦ Patients may need to modify or stop behaviors to obtain adequate control of chronic illness.
These issues are important to patients, and illnesses frequently affect them (e.g., sexual functioning), or these are important to understand how a patient might cope with illness (e.g., family dynamics or spirituality).

**Leading Causes of Death, Youth Ages 10 – 24**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide</td>
<td>18%</td>
</tr>
<tr>
<td>Suicide</td>
<td>12%</td>
</tr>
<tr>
<td>HIV infection</td>
<td>1%</td>
</tr>
<tr>
<td>Motor vehicle crash</td>
<td>31%</td>
</tr>
<tr>
<td>Other causes</td>
<td>27%</td>
</tr>
<tr>
<td>Injuries</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>38%</td>
</tr>
</tbody>
</table>

**Result from these risk behaviors**

- 33% rode with a drinking driver in past month
- 50% drank alcohol in past month
- 32% drank heavily in past month
- 27% used marijuana in past month
- 50% have had sexual intercourse
- 16% have had 4 or more partners
- 42% did not use condom when last had intercourse

**Frequently unrecognized conditions related to “sensitive topics”**

- Domestic violence, including partner abuse, child abuse and elder abuse.
- Sexual dysfunction
- Drug and alcohol use
- Incontinence

**Barriers (physician’s) to addressing sensitive topics**

- Physician’s own personal beliefs, experiences and cultural background
  - Biases/emotions physician brings to encounter
- Use of medical terminology – jargon prevents patient understanding
- Lack of specificity in questioning
- Time
- Physician’s belief that patient’s don’t want to talk about it.

**Patients are willing to talk to physician about sensitive issues**

Numerous studies have documented that most patients are willing to discuss even the most sensitive issues with physicians. One recent study examined patient’s responses to questions regarding HIV risk behaviors, domestic violence, and drug and alcohol use among 1900 patients presenting to their physician’s office. The mean age of these patients was 40, and they came from diverse ethnic and socio-economic backgrounds. 97% of these patients were comfortable discussing these issues. Other studies have
shown that patients often welcome physicians asking about sensitive topics. While not a universal response, many patients may be reluctant to bring up potentially embarrassing issues, and look to their physician to “allow” discussion of these topics by asking about them.

**General approach to interviewing about sensitive issues**

- Conducive setting: both you and the patient should be comfortable
- Relaxed, matter of fact style: If you have anxiety about discussing these issues with patients, do not show it.
- Make questions routine: Ask questions in a routine manner. Explain routine nature of questions, or reason for asking them.
- Wear a “poker face.” Don’t show expressions of surprise, shock, disgust, horror, etc.
- Language: Use language patients will understand. Check their understanding of terms you commonly use, or be sure to explain what you mean.
- Respond to affect: respond to patient emotions with empathy, reassurance and understanding.
- Avoid assumptions, stereotypes and intrusive values.
- Confidentiality: Assure the patient of confidentiality

**INTERVIEWING ABOUT ALCOHOL USE**

**Alcohol problems are common in the United States:**

- An estimated 25% of adults have drinking patterns that put them at risk for developing problems, currently have drinking problems, or are alcohol dependent.
- 14 million adults meet the diagnostic criteria for alcohol abuse or dependence.
- Alcohol disorders exist in a spectrum of severity. At-risk and problem drinkers (20% of Americans) far outnumber alcohol-dependent drinkers (5% of Americans). The medical profession has frequently focused attention on patients with the most serious condition – alcoholism.
- Up to 46% of medical and surgical inpatients are at-risk or problem drinkers.

**Who are problem drinkers?**

- At risk drinking
  - Men, > 14 drinks/wk, or > 4 drinks/occasion
  - Women, > 7 drinks/wk, or > 3 drinks/occasion
- Alcohol abuse: continued use despite persistent or recurrent social, occupational, psychological or physical problems.
- Alcohol dependence.
Steps for screening for alcohol use.

1. Ask every patient about alcohol use.
2. Assess for alcohol-related problems.

Ask every patient:

“Do you drink alcohol, including beer, wine, liquor, or (for teenagers – wine coolers)?”
“Tell me about your drinking.”
“Have you ever had a drink?”
“When was the last time you had a drink?”

For current drinkers:

Determine level of alcohol consumption
♦ On average, how many days per week do you drink alcohol?
♦ On a typical day when you drink, how many drinks do you have?
♦ What’s the maximum number of drinks you had on a given occasion in the last month?

A standard drink is 12 grams of pure alcohol, equivalent to:
♦ 12-ounce bottle of beer or wine-cooler
♦ 5-ounce glass of wine
♦ 1.5-ounces of distilled spirits.

For patients who have a hard time estimating drinks/day:
“How much alcohol do you buy?”
“How often?”

Screen for alcohol problems using the CAGE questionnaire:
♦ Have you ever felt that you should Cut down on your drinking?
♦ Have people Annoyed you by criticizing your drinking?
♦ Have you ever felt bad or Guilty about your drinking?
♦ Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye opener)?

Identifying at-risk or problem drinkers

♦ Men who drink more than 14 drinks per week or more than 4 drinks per occasion
♦ Women who drink more than 7 drinks per week or more than 3 drinks per occasion
-or-
♦ Patients who give one or more “yes” responses to the CAGE questions that have occurred in past year.
Assess at-risk or problem drinkers

Does this patient currently have alcohol-related problems, alcohol dependence, or past problems with alcohol?

♦ Family history
♦ Typical drinking patterns
♦ Review past history for alcohol-related problems
♦ Ask about interpersonal, social, work-related problems
♦ Check for indicators of dependence.

At-risk patients:

♦ Drinking above the low-risk limits or in risky situations.
♦ A personal or family history of alcohol-related problems,
♦ No positive responses to CAGE questionnaire

To assess these patients, ask about personal and family history of alcohol use:

“Have you or anyone in your family ever had a drinking problem?”

What is their typical drinking pattern?

“How long have you been drinking in this amount?”
“How many times a week (or month) do you have four (three) or more drinks on one occasion?”
“What is the most you have consumed on one occasion?”

Problem drinkers:

♦ One or two positive responses to CAGE questions
♦ Evidence of alcohol-related medical or behavioral problems.

Alcohol-related medical problems include: hypertension, sleep disorders, depression, trauma, chronic abdominal pain, liver dysfunction, sexual dysfunction, blackouts, prescription drug use, tobacco use, illegal drug use.

Behavioral problems:
“Has your drinking ever caused you problems, such as problems with your family, your work or school performance, or accidents or injuries?”

Strategies for evasive patients:

Ask about frequency and amount of alcohol purchase.
Ask specifically about when/what situations people drink (dinner, at bars, by themselves, before or during driving, etc).
Ask about problems in general – “Are you having any problems at work?”
**Identify the alcohol-dependent patient**

- 3 or 4 positive responses to CAGE questions.
- Evidence of one or more of following symptoms:
  - Compulsion to drink – a preoccupation with starting
  - Impaired control – unable to stop once started
  - Relief drinking – drinking to avoid withdrawal
  - Increased tolerance – it takes more alcohol than before to get “high”

Numerous other approaches have been tested to screen for at-risk and problem drinkers, In general, all of the reasonably accurate approaches combine questions about frequency, quantity, and binge drinking.

**REFERENCES**


Kripke, C et al. The importance of taking a sensitive sexual history. JAMA 1994; 271 (9):713.

Fleming, M. In search of the holy grail for the detection of hazardous drinking. Journal of Family Practice 2001;50(4).
